

## **Program B: Patient Services**

Program Authorization: Act 230 of 1979; Act 390 of 1991

### **PROGRAM DESCRIPTION**

The mission of the Patient Services Program is to meet the medical, nursing, and rehabilitation needs of New Orleans Home and Rehabilitation Center patients by providing required medical and nursing care through an array of professional and paraprofessional services as prescribed by each resident's physician plan of care.

The goal of the Patient Services Program is to provide quality, comprehensive and coordinated medical, nursing and rehabilitative services in a manner that maintains or improves resident's physical and social functioning levels.

The Patient Services Program provides quality nursing care and ancillary services medical care to resident patients. Patient conditions include birth defects, accident trauma, debilitating illnesses, dependency due to old age, stroke, and multiple sclerosis. The facility also provides a comprehensive integrated system of medical care for residents requiring long-term care, nursing care, and rehabilitation services including ventilator assistance. The facility is licensed for 202 beds and staffed to operate 195 beds.

### **OBJECTIVES AND PERFORMANCE INDICATORS**

Unless otherwise indicated, all objectives are to be accomplished during or by the end of FY 2001-2002. Performance indicators are made up of two parts: name and value. The indicator name describes what is being measured. The indicator value is the numeric value or level achieved within a given measurement period. For budgeting purposes, performance indicator values are shown for the prior fiscal year, the current fiscal year, and alternative funding scenarios (continuation budget level and Executive Budget recommendation level) for the ensuing fiscal year (the fiscal year of the budget document).

1.(KEY) To maintain the health of the residents it serves at a cost at or below the annual medical inflation rates set forth by the Division of Administration while maintaining an occupancy rate of 95%.

L E V E L	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES					
		YEAREND PERFORMANCE STANDARD FY 1999-2000	ACTUAL YEAREND PERFORMANCE FY 1999-2000	ACT 11 PERFORMANCE STANDARD FY 2000-2001	EXISTING PERFORMANCE STANDARD FY 2000-2001	AT CONTINUATION BUDGET LEVEL FY 2001-2002	AT RECOMMENDED BUDGET LEVEL FY 2001-2002
S	Average daily census	183	167	176	158	158	158 <sup>3</sup>
K	Total clients served	183	312	229	201	233	233 <sup>3</sup>
K	Cost per client day	\$91	\$106	\$104	\$123	\$127	\$127 <sup>3</sup>
K	Occupancy rate	95%	86%	90%	95%	95%	95% <sup>3</sup>
S	Staff/Client ratio	0.92	0.92	1.10	1.09	1.09	1.09 <sup>3</sup>
S	Percentage of targeted clients with improved functioning levels <sup>1</sup>	Not applicable <sup>2</sup>	Not available <sup>2</sup>	Not applicable <sup>2</sup>	65%	65%	65% <sup>3</sup>

<sup>1</sup> This indicator will measure the percent of clients identified with potential for increased independence who maintain or improve functioning levels in activities of daily living. The number of clients identified with potential for improvement is reported as a general performance information.

<sup>2</sup> This performance indicator did not appear under Act 10 of 1999 or Act 11 of 2000 and therefore has no performance standards for FY 1999-2000 and FY 2000-2001. No data are available to report for FY 1999-2000 prior year actual.

<sup>3</sup> Figures in the Recommended Budget Level column reflect performance standards at a continuation level of funding. The Department of Health and Hospitals will, after sufficient time for analysis of the recommended budget, request an amendment to the Appropriations Bill to correct the performance standards.

**GENERAL PERFORMANCE INFORMATION: NEW ORLEANS HOME AND REHABILITATION CENTER**

PERFORMANCE INDICATOR	PRIOR YEAR ACTUAL FY 1995-96	PRIOR YEAR ACTUAL FY 1996-97	PRIOR YEAR ACTUAL FY 1997-98	PRIOR YEAR ACTUAL FY 1998-99	PRIOR YEAR ACTUAL FY 1999-00
Number of staffed beds	195	195	195	195	195
Average length of stay (in days) <sup>1</sup>	913	913	560	475	229
Occupancy rate	92%	92%	91%	90%	86%
Cost per client day	\$91	\$91	\$95	\$101	\$106
Total number of clients served	Not available <sup>2</sup>	Not available <sup>2</sup>	180	246	312

<sup>1</sup> Average length of stay is calculated based on most recent admission for an individual. Many residents are hospitalized repeatedly for 7 or more days and therefore, are discharged and re-admitted. The actual length of stay is longer if computed from the initial admission date.

<sup>2</sup> Not an indicator in these earlier fiscal years and data are not available to calculate these figures for FY 1995-1996 and FY 1996-1997.

## RESOURCE ALLOCATION FOR THE PROGRAM

	ACTUAL 1999- 2000	ACT 11 2000 - 2001	EXISTING 2000 - 2001	CONTINUATION 2001 - 2002	RECOMMENDED 2001 - 2002	RECOMMENDED OVER/(UNDER) EXISTING
MEANS OF FINANCING:						
STATE GENERAL FUND (Direct)	\$0	\$0	\$0	\$0	\$0	\$0
STATE GENERAL FUND BY:						
Interagency Transfers	3,908,323	4,299,717	4,299,717	4,550,899	4,394,082	94,365
Fees & Self-gen. Revenues	885,798	1,047,859	1,047,859	838,183	837,765	(210,094)
Statutory Dedications	0	0	0	0	0	0
Interim Emergency Board	0	0	0	0	0	0
FEDERAL FUNDS	245,708	350,159	350,159	381,607	381,607	31,448
TOTAL MEANS OF FINANCING	<u><u>\$5,039,829</u></u>	<u><u>\$5,697,735</u></u>	<u><u>\$5,697,735</u></u>	<u><u>\$5,770,689</u></u>	<u><u>\$5,613,454</u></u>	<u><u>(\$84,281)</u></u>
EXPENDITURES & REQUEST:						
Salaries	\$3,305,491	\$3,540,244	\$3,540,244	\$3,541,786	\$3,538,702	(\$1,542)
Other Compensation	0	25,000	25,000	25,000	25,000	0
Related Benefits	440,993	478,235	478,235	476,867	478,108	(127)
Total Operating Expenses	825,278	1,021,474	1,021,474	1,045,495	965,662	(55,812)
Professional Services	145,151	227,000	227,000	233,810	175,190	(51,810)
Total Other Charges	314,964	347,731	347,731	347,731	330,792	(16,939)
Total Acq. & Major Repairs	7,952	58,051	58,051	100,000	100,000	41,949
TOTAL EXPENDITURES AND REQUEST	<u><u>\$5,039,829</u></u>	<u><u>\$5,697,735</u></u>	<u><u>\$5,697,735</u></u>	<u><u>\$5,770,689</u></u>	<u><u>\$5,613,454</u></u>	<u><u>(\$84,281)</u></u>
AUTHORIZED FULL-TIME EQUIVALENTS: Classified	151	151	151	151	146	(5)
Unclassified	0	0	0	0	0	0
TOTAL	<u><u>151</u></u>	<u><u>151</u></u>	<u><u>151</u></u>	<u><u>151</u></u>	<u><u>146</u></u>	<u><u>(5)</u></u>

## SOURCE OF FUNDING

The Patient Services Program is funded with Interagency Transfers, Fees and Self-generated Revenues, and Title XVIII Federal Funds (Medicare). Interagency Transfers means of financing represent Title XIX reimbursement for services provided to Medicaid eligible patients received from the Department of Health and Hospitals, Medical Vendor Payments Program. Fees and Self-generated Revenues include: (1) payments from patients for services based on a sliding fee scale; (2) employee meal reimbursement; and (3) miscellaneous income, such as funds received from the Veterans Administration for contract services provided. Federal Funds are Title XVIII for services provided to Medicare eligible patients.

## ANALYSIS OF RECOMMENDATION

GENERAL FUND	TOTAL	T.O.	DESCRIPTION
\$0	\$5,697,735	151	ACT 11 FISCAL YEAR 2000-2001
			BA-7 TRANSACTIONS:
\$0	\$0	0	None
\$0	\$5,697,735	151	EXISTING OPERATING BUDGET – December 15, 2000
\$0	\$50,327	0	Annualization of FY 2000-2001 Classified State Employees Merit Increase
\$0	\$51,333	0	Classified State Employees Merit Increases for FY 2001 -2002
\$0	\$100,000	0	Acquisitions & Major Repairs
\$0	(\$58,051)	0	Non-Recurring Acquisitions & Major Repairs
\$0	\$47,450	0	Salary Base Adjustment
\$0	(\$150,779)	(5)	Attrition Adjustment
\$0	(\$124,561)	0	Reduction in Operating Expenses, Professional and Other Services Patient Care
\$0	\$0	0	Net Means Of Financing Substitutions - Replace \$209,676 of Fees and Self-Generated Revenues with \$178,228 of Interagency Transfers and \$31,448 of Federal Funds.
\$0	\$5,613,454	146	TOTAL RECOMMENDED
\$0	\$0	0	LESS GOVERNOR'S SUPPLEMENTARY RECOMMENDATIONS
\$0	\$5,613,454	146	BASE EXECUTIVE BUDGET FISCAL YEAR 2001-2002
			SUPPLEMENTARY RECOMMENDATIONS CONTINGENT ON SALES TAX RENEWAL:
\$0	\$0	0	None
\$0	\$0	0	TOTAL SUPPLEMENTARY RECOMMENDATIONS CONTINGENT ON SALES TAX RENEWAL
			SUPPLEMENTARY RECOMMENDATIONS CONTINGENT ON NEW REVENUE:
\$0	\$0	0	None

**\$0                      \$0        0    TOTAL SUPPLEMENTARY RECOMMENDATIONS CONTINGENT ON NEW REVENUE**

**\$0        \$5,613,454    146    GRAND TOTAL RECOMMENDED**

The total means of financing for this program is recommended at 98% of the existing operating budget. It represents 96% of the total request (\$5,853,301) for this program. The major changes reflected in the analysis of recommendation include: full funding has been provided for all 146 recommended positions and an adjustment to reflect an anticipated attrition factor of 3.6% totaling a decrease of \$150,779 (\$113,084 Interagency Transfer and \$37,695 Fees & Self-generated Revenue) and a reduction of five (5) positions; and an increase in Acquisitions and Major Repairs of \$100,000 in Interagency Transfers. A reduction of \$124,561 in Interagency Transfers deducted from total operating expenses, professional services, and other charges.

## **PROFESSIONAL SERVICES**

\$7,933	Dietician - Dietary Consultant
\$1,686	Medical Records Consultant
\$32,135	Medical Director
\$25,539	Staff Physician
\$30,505	Staff Physician
\$2,628	Podiatrist
\$8,089	Dental Services
\$2,700	Pharmacy Services
\$12,520	Respiratory Consultant
\$45,723	Physical Therapy
\$1,800	Audiologist
\$3,932	Physical, Occupational, and Speech Therapy
<b>\$175,190</b>	<b>TOTAL PROFESSIONAL SERVICES</b>

## **OTHER CHARGES**

\$330,792	Provider Based Fee - Paid to the Department of Health and Hospitals
<b>\$330,792</b>	<b>TOTAL OTHER CHARGES</b>

## ACQUISITIONS AND MAJOR REPAIRS

\$100,000 Recommended level of funding for the replacement and repairs of obsolete, inoperable or damaged equipment and buildings.

**\$100,000 TOTAL ACQUISITIONS AND MAJOR REPAIRS**